

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/869414

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51	/						
2		/					52	4						
3		/					53	4						
4		/					54	/						
5		/					55	/						
6		/					56	/						
7		/					57	/						
8		/					58	/						
9		/					59	3						
10		/					60	3						
11		/					61	/						
12		/					62	/						
13		/					63	0						
14		/					64	/						
15		/					65	/						
16		6					66	/						
17		0					67	/						
18		0					68	/						
19	/						69	/						
20		/					70	/						
21		/					71	/						
22		/					72	/						
23		4					73	/						
24	/						74	/						
25		/					75	/						
26		/					76	/						
27	/						77	0						
28		/					78	0						
29		/					79	/						
30		/					80	/						
31		/					81	/						
32		/					82	/						
33		/					83	/						
34		/					84	/						
35		/					85	/						
36		0					86	/						
37		0					87	/						
38		/					88	/						
39		/					89	/						
40		/					90	/						
41		/					91	/						
42		/					92	/						
43		/					93	/						
44		/					94	/						
45		/					95	/						
46		/					96	/						
47	/						97	/						
48		/					98	/						
49		/					99	/						
50		/					100	/						
TOTAL IND.	5						TOTAL IND.	4						
TOTAL DEP.	49	↓	↓	↓	↓	↓	TOTAL DEP.	56	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	54						TOTAL CLAIMS	60						

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/					
102	/					
103	/					
104	/					
105	/					
106	/					
107	/					
108	/					
109	/					
110	/					
111	/					
112	/					
113	/					
114	/					
115	/					
116	/					
117	/					
118	/					
119	/					
120	/					
121	/					
122	/					
123	/					
124	/					
125	/					
126	/					
127	/					
128	/					
129	/					
130	/					
131	/					
132	/					
133	/					
134	/					
135	/					
136	/					
137	/					
138	/					
139	/					
140	/					
141	/					
142	①					
143	①					
144	/					
145	/					
146	/					
147	/					
148	/					
149	/					
150	/					
TOTAL IND.	71					
TOTAL DEP.	43					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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66						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						